



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O.H. metals				Location 1002 Oswego St. Utica		Date 4/14/87																
Facility Equipment	Detax Clock 1	Weapon No. -	Holster -	Nightstick -	Raincoat 1	Flashlight 1	Other Gate & Trailer keys, phone																	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) otc K. Felix				Officer—Swing Shift (Name) otc Del Vecchio		Officer—Grave Shift (Name) Dick Kozogzki																
		Shift Began 8:00 AM PM Ended 4:00 AM PM		Shift Began 4:00 AM PM Ended 12:00 AM PM		Shift Began 12:00 AM PM Ended 8:00 AM PM																		
Observations or actions taken	Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation													
Rounds or stations missed		✓				✓				✓														
Unlocked doors, gates or windows		✓				✓				✓														
Unlocked vaults or safes		✓				✓				✓														
Fire-smoke-or hazards		✓				✓				✓														
1. Extinguishers missing or defective		✓				✓				✓														
2. Sprinkler system defective		✓				✓				✓														
3. Fire doors or exits blocked		✓				✓				✓														
4. Rubbish accumulation		✓				✓				✓														
5. Motors running		✓				✓				✓														
6. Lights left burning		✓				✓	AS required			✓	LIGHTS out AT 6:11 AM													
Injury hazards		✓				✓				✓														
Visitors		✓				✓				✓														
Trespassing		✓				✓				✓														
Violation of company rules		✓				✓				✓														
Remarks ONE FLOOD LIGHT WILL NOT LIGHT. (RK)																								
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																								
1. Were you injured during this tour?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
2. Did you suffer any illness?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
3. Have you reported all accidents coming to your attention?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
Signatures	1.	Kenneth Felix						Steve Del Vecchio						Dick Kozogzki										
Signatures	2.																							
Signatures	3.																							

439089

